

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U 9923	2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing Name Patrick Blackburn P.O. Box, Bldg. Room No. if any _____ Street 2 Sharren Lane City Enfield State Connecticut ZIP Code + 4 06082	4. Name, file number and address of labor organization. Name Iron Workers Local No 15 Labor Organization File Number 033-302 P.O. Box Building and Room Number if any _____ Street 20-28 Sargeant Street City Hartford State Connecticut ZIP Code + 4 06150
5. Position in labor organization Organizer	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7. b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8 12 05</u> <u>860 741 3334</u> Date Telephone Number

Name of Person Filing Patrick Blackburn	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any). Name <u>Iron Workers Locals 15 & 424 Appr Fund</u> Trade Name, if any _____ P O Box Bldg Room No if any _____ Street <u>300 Research Parkway, Suite 301</u> City <u>Meriden</u> State <u>Connecticut</u> ZIP Code + 4 <u>06450</u>	9 Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10 If 9.b or 9.c is checked give trust or employer's name Name <u>Iron Workers Locals 15 & 424 Appr Fund</u> Trade Name if any _____ P O Box, Bldg. Room No. if any _____ Street <u>300 Research Parkway Suite 301</u> City <u>Meriden</u> State <u>Connecticut</u> ZIP Code + 4 <u>06450</u>	11 a. Nature of such dealing <u>Instructor - Iron Workers Locals 15 & 424 -</u> <u>Apprentice Training Fund</u> 11 b. Approximate dollar value of such dealing. <u>N/A</u> 12 a. Nature of interest held or income received. <u>Apprentice Graduation Dinner - June 2004</u> <u>Wages for instructing apprentice training classes</u> 12 b. Amount <u>\$519</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg., Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a. Nature of payment.
13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b. Amount of payment. _____

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Iron Workers District Council of NE - LMCT Trade Name if any _____ P O Box, Bldg Room No. if any P O Box _____ Street 191 Old Colony Avenue City South Boston State Massachusetts ZIP Code + 4 02127	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name if any _____ P O Box, Bldg., Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a. Nature of such dealing Member of the district council
	11 b. Approximate dollar value of such dealing N/A 12.a. Nature of interest held or income received. Annual IMF Conference hotel and parking expenses - January 2004 Organizing union meeting event costs - May 2004 IMPACT conference event costs - June 2004 Metal Building meeting event costs - August 2004 12 b. Amount. \$851